U.S. DEPARTMENT HOMELAND SECURI U.S. COAST GUARD	TY		СО		T GUAR						DER		TYPE	FY	DOCUMENT NUMBER			
CG-5132 (Rev. 6/04)					(Instruction	s and P	rivacy Ac	t Staten	nent on p	age 2)			27					
					SE	CTION	I - AUTH	ORIZAT	ION									
FROM (Order Issuing A TO (Name and address									MEMB	ED #:								
10 (Name and address	s or ope	ialui).							FACIL									
											JIRED (Incl	udina	operato	or).				
1. PERFORM THE FOLLO	OWING A	AUTHORI	ZED		REIMBURS	ABLE	NC.	N-REIM	-		ER CURREN		•	,, <u>,</u>				
2. ACCOUNTING DAT	A	,				,						,						
		AUTH	HORIZ	ΈD	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO	ELEMENT	СО	ST CE	NTER	OBJ. CODE			
FUEL COST		Yes	No															
AIRCRAFT MAINT. COST		Yes	No															
SUBSISTENCE COST		Yes	No															
AUTO/TRAILERING COS SIGNATURE OF ORDER		Yes	No															
SIGNATURE OF ORDER	ISSUING	AUTHOR	KILY:									DAT	E:					
					SECTION	II - CLA	IM FOR F	REIMBU	JRSEME	NT								
1. ITINERARY		DAT	Έ	Т	IME			L	OCATION	l			AUTO/TRAILER DATA					
Departed Home/Office									Miles:									
Arrived Launch Site													Cost:					
Facility in Use																		
Facility Use Ended																		
Departed Launch Site													Miles:					
Returned Home/Office	:												Cost					
2. LIST NAMES AND N	ИЕМВЕ	R#(AS	APPF	ROPE	RIATE) OF A	LL PER	SONNEL	ON BC	ARD (les	s operato	or)							
A.							E.											
B.							F.											
C.							G.											
D.							Н.											
3 REIMBURSABLE	RECEI	VED IN K	IND		TOTAL CR	EW/TR	AINEES/A	OHTU	RIZED PA	SSENG	ERS		TOT	۸,	GRAND			
		MENT PRO		P) O	PR A	В	С	D	E	F	G	H TOTAL		^L	TOTAL			
	Yes	No		-														
	Yes	No	<u> </u>	+														
	Yes	No	<u> </u>	+														
Fuel, Oil	Yes	No	<u> </u>	+											-			
	Yes	No) <u> </u>	+-														
Aircraft Flight Hours:				13	/pe Aircraft:									-+				
Trailer Costs, Ramp Fees	•			+										-				
Other (Official Telephone			/ that th	ne ah	ove claim is a	ccurate	My crew a	nd I mac	le these ex	nenditure	es in the use	of the I	Facility					
lis	ted abov	ve, in car	rying o	ut the	duties specif	ed in this	ORDER.	No previ	ous payme	ent for this	s patrol has b	een re	ceived.					
SIGNATURE OF OPERAT	OR:												DATE	:				
MAIL CHECK TO (Nar.	ne and a	address:)							Signati	ure of Claim	ant:						
										SSN:								
										MEMB	ER #:							

1. THIS CLAIM

SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY

FORWARDED, APPROVED FOR PAYMENT

RETURNED, DISAPPROVED FOR PAYMENT

DATE:

U.S. DEPARTME HOMELAND SEC	URITY			С	OAS	T GU	ARD	AUXIL	IARY	PATE	ROL (ORDE	3	TYPE	FY	DOCUM NUMBER	
U.S. COAST GUA CG-5132 (Rev. 6/0		(Instructions and Privacy Act Statement on page 2)												27			
						SE	CTION	I - AUTH	ORIZA	ΓΙΟΝ							
FROM (Order Issui																	
TO (Name and add	ress of op	perator) :								MEME							
										FACIL		NUDED (naludina	onorate	~~\·		
1. PERFORM THE FC		ALITHOR	1751	<u> </u>	Пр	EIMBURS	ARIF	□ NC	NLDEIM			<u>)UIRED (I</u> PER CURR		•	or):		
THE ENGLISH THE FC	JELOWINO.	Admon	1266	,		LIMBORO	ADLL		JIN-INLIIVI	BOROADE	L DOTT 1	LICOOKIC	LIVITOL	101.			
2. ACCOUNTING D	DATA																
		AUT	AUTHORIZED ESTIMATED DIST APPN LIM ALLOT PRO ELEMENT (COST CENTER		
FUEL COST		Yes		No [
AIRCRAFT MAINT. CO	OST	Yes		No													
SUBSISTENCE COST		Yes	<u></u>	No													
AUTO/TRAILERING O		Yes		No L													
SIGNATURE OF ORD	EK ISSUIN	IG AUTHO	'KII	Ι.									DA	ΓE:			
					s	ECTION	II - CLA	IM FOR I	REIMBI	URSEME	NT						
1. ITINERARY		DA ⁻	TE		TIME	≣			L	OCATION	1			ΑU	TO/TR	AILER DATA	
Departed Home/Of	fice	ice												Miles:			
Arrived Launch Site	Э	Cost:															
Facility in Use																	
Facility Use Ended	l																
Departed Launch S	Site													Miles	5:		
Returned Home/Of	fice													Cost:			
2. LIST NAMES AN	ID MEMB	ER # (AS	S AF	PRO)PRIA	TE) OF A	LL PER	SONNEL	ON BC	ARD (les	s operat	or)					
A.								E.									
B.								F.									
C.								G.									
D.								H.									
3.REIMBURSABLE	REC	EIVED IN I	KINE)		OTAL CR	EW/TR	AINEES/	AUTHO	RIZED P	ASSEN	GERS		TOT	.,,	GRAND TOTAL	
EXPENSES		MENT PF	_	DED)	OPR	Α	В	С	D	E	F G H			101		TOTAL	
Breakfast 	Yes	N		 											\dashv		
Lunch	Yes	N		+		+		-		1		\vdash			-+	+	
Dinner Fuel, Oil	Yes		0 [_	+	
Ice	Yes	N	о <u>г</u>	+												+	
Aircraft Flight Hours:	Yes		0 [Type	Aircraft:									_	+	
Trailer Costs, Ramp F	ees. Lock	Fees			.,,,,,											+	
Other (Official Teleph																†	
·	I HEREB	Y CERTIF	Y th	at the	above	claim is a	ccurate.	My crew a	nd I mad	de these ex	kpenditui	res in the u	se of the	Facility			
SIGNATURE OF OPER		ove, in ca	rryiri	gout	trie du	ies speciii	ea in this	S URDER.	No prev	ious payiii	ent ior th	is pairoi na	is been re	DATE			
MAIL CHECK TO (Name and	d address	:)								Signat	ture of Cla	aimant:	<u> </u>			
											SSN:						
											MEME	BER #:					
			s	ECT	ION II	- ENDO	RSEME	NT BY O	RDER	ISSUING	AUTHO	RITY					
1. THIS CLAIM	FOR'	WARDE	D, A	\PPF	ROVED	FOR PA	YMENT	г П	RETU	RNED, D	ISAPPR	OVED FO	OR PAYI	MENT			

DATE:

U.S. DEPARTM HOMELAND SI U.S. COAST G	ECURITY			CC								ORDER		TYPE	FY	DOCUM NUMBEI			
CG-5132 (Rev.	6/04)				(Ins	tructions	and P	rivacy Ac	t Staten	nent on p	age 2)			27					
						SE	CTION	I - AUTH	ORIZAT	TION									
FROM (Order Is:		.,								LAFAE									
TO (Name and address of operator) : MEMBER #: FACILITY #:																			
												UIRED (Inc	ludina	onerato	nr).				
1. PERFORM THE	FOLLOWING	AUTHOR	IZFD		RF	EIMBURS <i>A</i>	BLF	□ NC	N-RFIMI	-		PER CURREI			<i>n</i>).				
·																			
2. ACCOUNTING	G DATA				,		,		,				,			í			
		AUTI	HOR	IZE		TIMATED COST	DIST	APPN	LIM	ALLOT	PRC	ELEMENT	cc	ST CE	NTER	OBJ. CODE			
FUEL COST		Yes	_ N	lo 🗌]														
AIRCRAFT MAINT	. COST	Yes	N	lo															
SUBSISTENCE CO		Yes	_ N	lo	Щ														
AUTO/TRAILERIN		Yes		lo															
SIGNATURE OF O	RDER ISSUING	GAUTHO	KIIY										DAT	E:					
				_			I - CLA	IM FOR I	REIMBU	JRSEME	NT			1					
1. ITINERARY		DAT	ΓΕ		TIME				L	OCATION	1			AUTO/TRAILER DATA					
Departed Home				\perp							Miles:								
Arrived Launch	Site													Cost:					
Facility in Use																			
Facility Use End	ded																		
Departed Launc	h Site													Miles	:				
Returned Home	/Office													Cost					
2. LIST NAMES	AND MEMBE	ER # (AS	AP	PRO	PRIAT	ΓE) OF Al	L PER	SONNEL	ON BO	ARD (les	s opera	tor)							
A.								E.											
B.								F.											
C.								G.											
D.								H.											
3.REIMBURSAE	BLE RECE	IVED IN F	(IND		TC	TAL CR	W/TR	AINEES/	AUTHO	RIZED P	ASSEN	GERS		TOT	, I	GRAND			
EXPENSES	(GOVERN	MENT PR	OVIE)ED)	OPR	Α	В	С	D	E	F	G	Н	101	AL	TOTAL			
Breakfast	Yes	No.	<u> </u>																
Lunch	Yes	N	0 _																
Dinner	Yes	N	0																
Fuel, Oil	Yes	N	0																
Ice	Yes	N	0]															
Aircraft Flight Hou				_	Type A	Aircraft:													
Trailer Costs, Ran	•																		
Other (Official Tel			V th a	t th a	ah au a	alaim ia aa	ourata	My grayy a	ndlmaa	la thaga a	ra a a ditu	raa in tha wa	of the	Co cilib.					
	listed abo	ve, in car	rying	t tne out t	above he duti	ciaim is ac es specifie	curate. ed in this	My crew a SORDER.	na i mad No previ	ous paym	cpenaitu ent for th	res in the use is patrol has	e of the been re	racility ceived.					
SIGNATURE OF O	PERATOR:													DATE					
MAIL CHECK TO	O (Name and	address	:)								Signa	ture of Clair	nant:	•					
											SSN:								
											MEM	BER #:							

1. THIS CLAIM

SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY

RETURNED, DISAPPROVED FOR PAYMENT

DATE:

FORWARDED, APPROVED FOR PAYMENT

U.S. DEPARTMEI HOMELAND SECTORS. COAST GUA	URITY RD	COAST GUARD AUXILIARY PATROL ORDER (Instructions and Privacy Act Statement on page 2)													түре 27	FY	DOCUM NUMBER
CG-5132 (Rev. 6/0	4)					(21		
EDOM (Order Jaquii	na Author	ritus) :					SE	CTION	I - AUTH	IORIZA	TION						
FROM (Order Issuit TO (Name and add											MEM	3ER #:					
FACILITY #:																	
													QUIRED (Includina	operato	or):	
1. PERFORM THE FO	LLOWING	G AUTHO	RIZI	ED		RE	EIMBURS	ABLE	No	ON-REIM			PER CURF		•	,	
2. ACCOUNTING D	DATA																
AUTHORIZED ESTIMATED DIST APPN LIM ALLOT PRO ELEMENT CO													OST CENTER		OBJ. CODE		
FUEL COST		Yes	_	No	$\overline{\Box}$		COST			 	1	+					
AIRCRAFT MAINT. CO	OST	Yes	H	No	\overline{H}	 					+			+			
SUBSISTENCE COST		Yes	П	No	Н						<u> </u>			\neg			
AUTO/TRAILERING C	OST	Yes	П	No	П												
SIGNATURE OF ORD	ER ISSUIN	NG AUTH	ORI	TY:										DAT	E:		•
						SE	CTION	II - CLA	AIM FOR	REIMB	URSEME	NT					
1. ITINERARY	1. ITINERARY DATE TIME LOCATION 1. ITINERARY												AUTO/TRAILER DATA				
Departed Home/Of	fice														Miles:		
Arrived Launch Site	Э														Cost		
Facility in Use																	
Facility Use Ended																	
Departed Launch S	Site														Miles	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	<u>/////////////////////////////////////</u>
Returned Home/Of	fice														Cost:		
2. LIST NAMES AN	D MEMB	BER # (A	S A	APPF	ROP	RIAT	E) OF A	LL PER	RSONNEL	ON BO	DARD (le	ss opera	tor)		1		
A.									E.								
В.									F.								
C.									G.								
D.									H.								
3.REIMBURSABLE						TO	TAL CR	FW/TR	AINEES/		RIZED E	ASSEN	GERS				ODAND
EXPENSES	(GOVERI	EIVED IN NMENT P	RO'	VIDE)PR	A	В	С	D	E	F	G	Н	TOT	AL	GRAND TOTAL
Breakfast	Yes		No														
Lunch	Yes [No														
Dinner	Yes [No														
Fuel, Oil	Yes [No														
Ice	Yes [No														
Aircraft Flight Hours:					Т	уре А	ircraft:										
Trailer Costs, Ramp F	ees, Lock	(Fees															
Other (Official Teleph	one Costs	s, etc.)															
	I HEREE	BY CERTI	FY t	that t	he at	ove o	claim is a	ccurate.	My crew a	and I mad	de these e	xpenditu	res in the last in	use of the l	Facility	_	
SIGNATURE OF OPER			<u>,</u>				<u> </u>	<u> </u>	0.102.1	. но р. о г	.ouo pu ,			<u></u>	DATE		
MAIL CHECK TO (/	Name and	d addres	s:)									Signa	ature of CI	aimant:			
SSN:																	
											MEMBER #:						
				SEC	TIO	N III	- ENDO	RSEME	NT BY C	ORDER	ISSUING	AUTHO	ORITY				

1. THIS CLAIM

RETURNED, DISAPPROVED FOR PAYMENT

DATE:

FORWARDED, APPROVED FOR PAYMENT

PRIVACY ACT STATEMENT

1. Authority: 14 USC 821 and 632.

2. Principal Purpose: Used to maintain accurate records of (a) patrols conducted by auxiliarists and (b) claims brought against the Coast Guard

by Auxiliarists following an authorized patrol.

(a) to issue patrol orders and (b) to substantiate claims for reimbursement. 3. Routine Uses:

4. Disclosure: Voluntary. Failure to provide the requested information may (a) result in total or partial denial of amount claimed and (b) will

prevent the issuance of patrol orders.

A. THE ORDER ISSUING AUTHORITY SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS

ORDER NUMBER: Enter complete DAFIS document number beginning with document type 27.

SECTION I - AUTHORIZATION

FROM: Enter title of Order Issuing Authority. TO: Enter selected operator's name and address. MEMBER #: Enter the operator's member number.

FACILITY ID#: Enter the district assigned identification number.

OF CREW REQUIRED: Enter the total amount of crew **REQUIRED** by the district for patrol/mission, including operator.

Check reimbursable or non-reimbursable. Enter description of duty including dates, places, reporting requirements, etc., and PERFORM AUTHORIZED DUTY: indicate how trailering costs are reimbursed (either mileage or receipts). Add sufficient Continuation Sheets. CG-5132-1, with

appropriate sections completed, to cover multi-patrol orders.

2. ACCOUNTING DATA: Indicate whether Fuel, Aircraft maintenance, Subsistence or Auto/Trailering costs are authorized. Enter estimated costs and

> complete the accounting line for each. If only aircraft fuel cost is authorized, fuel receipts are required for reimbursement. If both aircraft Fuel and Maintenance costs are authorized, reimbursement is based on the Flat rate Reimbursement Schedule below. and fuel receipts are not required. For boat fuel use obi, 2637. For aircraft fuel use obi, code 2632. For aircraft maintenance use

SIGNATURE OF ORDER ISSUING AUTHORITY: Enter name of person authorized to sign as Order Issuing Authority and obtain signature.

DATE: Enter the date orders were issued (must be on or before date of actual patrol).

1. THIS CLAIM: Once form is returned for reimbursement, mark "Approved for Payment" or "Disapproved for Payment." If approved, send

original to FINCEN, if disapproved, return to member.

SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY

SIGNATURE OF ORDER ISSUING AUTHORITY: Enter name of person authorized to sign as Order Issuing Authority and obtain signature.

DATE: Enter date endorsement was signed.

B. THE OPERATOR SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS

SECTION II - CLAIM FOR REIMBURSEMENT

1. ITINERARY: Complete ALL DATE, TIME AND LOCATION BLOCKS. Fill in mileage or trailering costs, as authorized (attach required

receipts). Complete attached Continuation Sheet(s), CG-5132-1, if any, to be reimbursed for multi-patrol orders.

LIST NAME AND MEMBER #

OF ALL PERSONNEL ON

BOARD:

Enter the name and member number (as appropriate) for REQUIRED crew plus all trainees and passengers authorized to be on board, but **DO NOT** list the operator.

REIMBURSABLE

EXPENSES:

FINCEN will compute meal reimbursements based on current BAS rates: Mark boxes of items received in kind (those furnished by the Coast Guard or sometimes from a Coast Guard authorized vendor). If item, other than meals, was not received in kind, mark NO and enter total dollar amount. However, do not enter anything in Total Crew/Trainees/Passengers Breakfast, Lunch or Dinner boxes, except a mark to indicate it was received. "Reimbursable" orders must be returned even if no reimbursement is desired or the patrol was not accomplished. If no reimbursement is desired, or necessary because

patrol was not accomplished, mark the orders as such and return to order issuing authority.

SIGNATURE OF

Operator must sign certification. This certification is required by law. Forward the signed and appropriately completed forms as directed.

OPERATOR:

DATE: Enter date that operator signed the claim certification.

MAIL CHECK TO: Enter name and address of the claimant (person to receive the reimbursement for the patrol).

SIGNATURE OF CLAIMANT: The person who is to receive the reimbursement for the patrol must sign here.

SSN: Enter the claimant's Social Security Number.

MEMBER #: Enter the claimant's member number.

	AUXILIARY AIRCRAFT FLAT RATE REIMBURSEMENT SCHEDULE													
	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6								
	80 - 139	140 - 199	200 - 235	236 - 300	301 - 400	All Multi-								
	Horsepower	Horsepower	Horsepower	Horsepower	Horsepower	Engine								
	Aircraft	Aircraft	Aircraft	Aircraft	Aircraft	Aircraft								
Fuel/hour	\$10.00	\$16.00	\$24.00	\$28.00	\$37.00	\$40.00								
Maintenance/hour	\$21.00	\$41.00	\$43.00	\$44.00	\$47.00	\$63.00								
Total	\$31.00/hr.	\$57.00/hr.	\$67.00/hr.	\$72.00/hr.	\$84.00/hr.	\$103.00/hr								